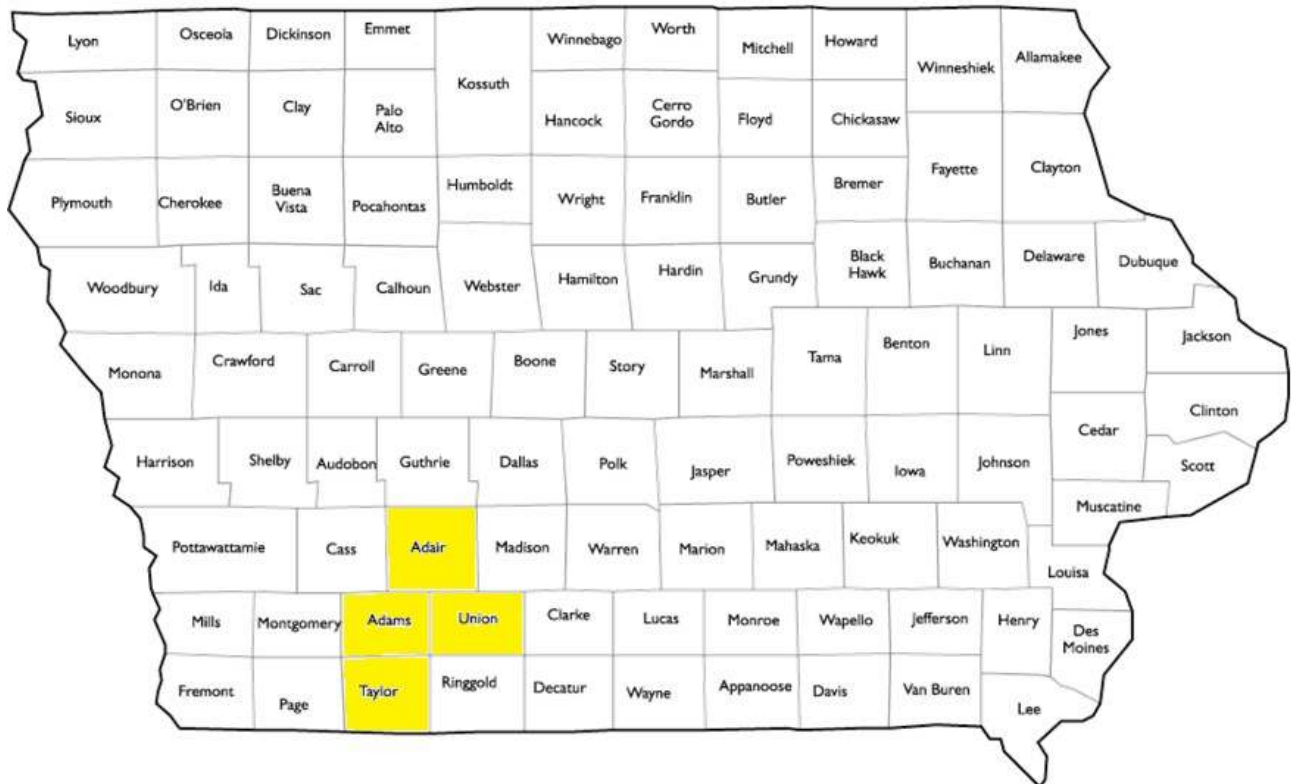


SOUTHERN HILLS REGIONAL MENTAL HEALTH

Mental Health and Disability Services

Transition Plan
6/30/14

Geographic Area: Serving the Counties of Adair, Adams, Taylor and Union



SOUTHERN HILLS REGIONAL MENTAL HEALTH TRANSITION PLAN 6/30/14

Access Points

An access point is a part of the service system or community that shall be trained to complete the MH/DS funding applications for persons with a disability and forward them to SHRMH office. SHRMH shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MH/DD funding applications for persons with a disability and forward them to the local SHRMH Office.

Access Point	Address	Phone number
Adair County Public Health	117 NW Hayes, Greenfield, Iowa 50849	641-743-6173
Adams Taylor Union Case Management	Courthouse 500 Ninth St., P.O. Box 423, Corning, Iowa 50841	641-322-4203
Crossroads Mental Health Center	1003 Cottonwood Rd., Creston, IA 50801 Main Office	641-782-8457
	117 NW Hayes St., Greenfield, Iowa 50849	
	619 Court, Bedford, IA 50833	
	810 E. VanBuren, Lenox, IA 50851	
	603 David, Corning, IA 50841	

Targeted Case Management

SHRMH offers access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving the SHRMH are accredited according to the rules of the Department of Human Services. Targeted Case Managers meet the qualifications as defined in IAC 441. Targeted Case Management and Service Coordination Services meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic recording keeping and remote or internet based training.

The SHRMH Administrative Team evaluated interested agencies, and made recommendations to the Regional Governance Board, who designated Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

SHRMH has identified and designated the following providers for case management in the SHRMH region:

- Adams/Taylor/Union Case Management
- Adair County Home Health

[illegible]

Regional Provider Network

SHRMH has identified the following providers currently contracting with the region. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals.

[illegible]

Information Technology/Data Management/Data Reporting

Our region is using CSN which is a statewide data repository containing all disability information of individuals being served by the regions. The data collected presently includes data needs identified by the regions and all data required by DHS for the annual compliance reports. If additional data is needed outside of this, ISAC IT and regional representatives must be closely involved as DHS identifies the data needs. ISAC IT will enhance the system to accommodate the defined requirements as directed by the ETC Advisory Committee.

Technical Specifications

- ASP.NET (primarily VB – some C#. 3 tiered development methodology)
- SQL2012 (houses all CSN data)
- BizTalk 2009 (health information/claims clearing house)
- Cisco ASA 5505 Firewall
- SSL encryption

Third Party Tools integrated within CSN's security model

- ABCPDF (for document generation)
- SQL Reporting Services (for dynamic auditor voucher generation)
- Izenda for AdHoc Reporting

- Security

- **Hardware**

- The production servers are housed in an offsite HIPAA certified data center
 - Access is given to two ISAC employees at a time.
 - The production servers consist of one database server and one web server.
 - Each server is plugged into a firewall/ Each server has a software firewall .
 - Data is backed up nightly both by the data center and by a secure third party.
 - Both backups are stored offsite.
 - Backup restore protocols are in place for IT employees.
- The 2 development servers are currently housed at ISAC with the plan to move them to the data center within FY15.
 - § ISAC has two entrances. One of which is locked at all times and the other is locked no later than 4:30 in the afternoon.
 - § The server room at ISAC is locked with limited access to IT employees
 - § ISAC IT support has administrative rights to these servers

- **Software**

- First Level Security
 - The system's login security model uses an API to communicate securely with Iowa's Enterprise A&A system. This system allows for single sign-on among many state applications.
 - CSN does not store any user passwords or perform any login functionality other than to check if the user is active in CSN.
- Second Level Security
 - § Once a user has logged in via A&A the system will confirm they are active within CSN
 - § The administrator of the user's region or county is able to set a user's account to inactive even if their A&A account is active
 - § If a user has not logged on for 6 months their account is automatically inactivated.
- Third Level Security
 - § Each user has one or multiple profiles within the system. Profiles are specific to a county or a region.

- § Within each given profile the user is assigned roles that fit their job and security level. This ensures the user has limited access to data and functionality.
- Users
 - In addition to the previous security restrictions, all users must electronically agree to a confidentiality agreement prior to using the system for the first time. This agreement must be renewed annually to maintain access to CSN.
- Reporting
 - § Users accessing the AdHoc reporting module are required to accept an agreement monthly stating that the information they are accessing is confidential and is not to be disseminated without the proper permission and review. Only users approved by the administrator and ISAC IT have access to the reporting module at this time.
- Client
 - § Users are not allowed to view identifying details on a client when performing a search unless they are directly associated as an active case worker for the client or the county is associated with the client in a pre-defined role.
 - § If a user wishes access to a client they are required to send a request within the system to the client's regional authority. They are also required to provide a reason for needing access and to indicate if the request relates to payment or treatment. The person within the entity the user is requesting access from is required to indicate acceptance or denial within the system.
 - If a county is a 'county of interest' for a client that role is automatically removed after 90 days. If the county needs access to the client for an additional period of time they must again submit a request for access within the system.
 - § Only clients associated with a user are shown on a user's dashboard. This applies across the system. Clients may not be accessed in any other way.

Application and Enrollment

Individuals residing in SHRMH counties, or their legal representative, may apply for regional funding for services by contacting any SHRMH designated access point (Attachment A) to complete an application (Attachment B). All applications shall be forwarded to Southern Hills Regional Mental Health office. That office shall determine eligibility for funding.

The SHRMH application shall be used for all applications. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process or

contact the local DHS office to make such arrangements. The completed application shall be forwarded by access points to the SHRMH office by the end of the business day.

SHRMH staff shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete the application shall be returned to the applicant requesting additional information. Failure to respond with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

Residency

IC 331.394(1)a

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, SHRMH, if able, shall fund services and later seek reimbursement from the county of legal residence.

County of residence” means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

Exception to Policy

An exception to policy may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual, legal representative, or the individual’s service coordinator shall submit the following information:

- Individual’s name
Current services the individual is receiving
- The policy for which the exception is being requested
- Reason why the exception should be granted

The SHRMH staff will review the exception and a response will be given to the individual and/or legal representative, when appropriate, the service coordinator within 10 working days. Decisions on requests shall be used in the annual report to identify future changes in policy.

Confidentiality

SHRMH is committed to respecting individual privacy. To that end, all persons, including SHRMH staff, Governing Board, and others with legal access to individual information, shall have an obligation to keep individual information confidential. Information shall only be

released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Individual files will be maintained for seven years following termination of service to the individual.

Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated above.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by SHRMH staff, case managers, and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, SHRMH staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

Regional Service Access and Service Authorization Process

General Eligibility

IAC 441-25.15

SHRMH shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

1. The individual is at least eighteen years of age.

Or

a. An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.

2. The individual is a legal resident of this state.

Financial Eligibility

The individual complies with financial eligibility requirements in IAC 441-25.16

Income Guidelines:

IC 331.395.1

Gross incomes 150% or below of the current Federal Poverty Guidelines. At the discretion of the SHRMH, applicants with income above 150% **may** be eligible for regional funding with an individual copayment.

The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.

In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the SHRMH in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by SHRMH.

Resources Guidelines:

IC 331.395.4; IAC 441-25.16(2)

An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.

- a. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub rule.
- b. A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
 - c. The following resources shall be exempt:
 - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
 - (2) One automobile used for transportation.
 - (3) Tools of an actively pursued trade.
 - (4) General household furnishings and personal items.
 - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
 - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- d. If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:
 - (1) A retirement account that is in the accumulation stage.
 - (2) A medical savings account.
 - (3) An assistive technology account.
 - (4) A burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- e. An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

Diagnostic Eligibility

IC 331.396; IAC 441-25.15

The individual must have a diagnosis of Mental Illness or Intellectual Disability,

Mental Illness

Individuals who at any time during the preceding twelve-month period a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and **shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.**

Intellectual Disability

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association.
 2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
 3. The onset is before the age of 18.
(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association)
- a. The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, SHRMH may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Core Services for target populations are considered priority services and will be funded as mandated.

Notice of Decisions/Timeframes

IAC 441-25.21(1)c(3&4)

Notice of Eligibility

Once a fully completed application is received in the SHRMH office, SHRMH staff or designee shall determine if the applicant meets the general eligibility criteria within 10 working days. A Notice of Enrollment shall inform the individual of the decision. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

Services are requested on behalf of the individuals based on the initial needs identified from application or standardized assessment. If an assessment is required it will be scheduled within 90 days. Once the assessment is received, a Notice of Decision will be issued within 10 working days.

Service Funding Authorization

The Notice of Decision shall inform the individual the action taken on the application, reason for the action, service provider, services and units of services approved based on initial needs identified or a standardized assessment. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

All individuals that receive ongoing MH/DS services shall have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals shall receive individualized service coordination from SHRMH staff.

As with the application and enrollment process, consumers will be informed of their right to appeal any service planning/service authorization decision.

If crisis services are needed the time frame for notice of decisions and eligibility shall be waived in order that the consumer may be provided with needed services with minimal delay. Crisis and urgent services are not subject to standardized assessment.

Re-enrollment

Individual must reapply for services on at least an annual basis.

150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines **may** be eligible for services on a sliding fee scale. A co-payment is required for those individuals with incomes between 150%-300% of poverty. This amount is collected by the service agency.

Business Functions/Accounting

Procedures/Administrative Processes

Union County will function as the Fiscal Agent for the Region. Regional monies will be pooled from member counties per the approved 28E agreement.

Each service provider shall provide monthly billing invoices within 60 days of service provision along with and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Number of units of service delivered to each individual served.
- Dates of service
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

SHRMH staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by SHRMH unless there is a statutory obligation. Fiscal year for SHRMH is July 1 – June 30.

Service Providers will send their billing to the SHRMH main office. These billings will be checked for accuracy, prior approval and adherence to Notice of Decisions issued. These billings will be entered and authorized in CSN and sent to Fiscal Agent for check cut and disbursement. The Regional Board will meet monthly, prior to bill paying, to oversee the bills that have been authorized for payment.

All bills and disbursements for service and administrative costs will be handled in this manner culminating in payment by the Fiscal Agent.